

FILED JUN 9 1944

318

Primary Registration District No.

1003

Registrar's No. 5023

## 1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2231 N. Market St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 75 years (Specify whether  
In this community 75 years years, months or days)

3. (a) PRINT FULL NAME Mr. Nicholas D. Miller3. (b) If veteran, none name war 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Miller 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Sept. 26 (Month) (Day) (Year) 1868

8. AGE: Years 75 Months 8 Days 4 If less than one day  
hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name John Miller  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Gertrude Goebelmeier  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Miller(b) Address 2231 N. Market St.17. (a) Burial (b) Date thereof June 2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Hy. Leidner U. Co.(b) Address 2232 St. Louis Ave.19. (a) JUN 1 (b) 1944 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2231 N. Market St. (If rural, give location) 920  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 30th. day  
year 1944 hour 8:00 PM minute M.21. I hereby certify that I attended the deceased from Feb 10/44 to May 29 1944  
that I last saw him alive on May 29 1944  
and that death occurred on the date and hour stated above  
Immediate cause of death Acute Dehydration Duration 3 days  
of shock 4 hrs  
pyrexiaDue to 131

Due to

Other conditions Ch. hepatitis 3 yrs  
(Include pregnancy within 3 months of death) Acute Dehydration 11Major findings: Acute Dehydration PHYSICIAN  
Of operations

Of autopsy

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. F. Budeck (M. D. or other) 5/31/44Address 1875 Madison Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**